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ABSTRACT

This conference discussed the future plans for each state and how they would affect the focus of the smoking education project. The types of activities that worked or failed in implementing the project were reported by the state chairmen. They ranged from state, regional, and local workshops to small-group meetings. Some workshops combined the problems of alcohol, smoking, and drugs as problems of youth. Various groups, such as school nurses, city and county directors, administrators, coaches, and teachers were used to encourage more school health education. The cooperation of PTA groups, civic clubs, 4-H, and voluntary agencies was also encouraged to develop the project. (A list of the conference attendees and their locations are included.) (BRB)

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NATIONAL CONFERENCE OF STATE CHAIRMEN FOR SMOKING AND HEALTH EDUCATION

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Report of a Conference

Sponsored by the AAHPER Leadership Development

Project on Smoking and Health Education,

April 24-26, 1970,

NEA Center, Washington, D.C.

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INTRODUCTION

The American Association for Health, Physical Education, and Recreation Leadership Development Project on Smoking and Health Education held a National Conference for State Chairmen, April 24-26, 1970 at the N.E.A. Building in Washington, D.C. The main purpose of the Conference was to discuss the future plans of each state and how the plans would affect the future focus of the project. It was agreed that a certain level of success had been achieved through the activities scheduled in the states. Should the same procedures and activities continue or should a change in focus occur?

The Conference Director was Dr. Willis J. Baughman, Alabama, with good assistance from members of the Project's Advisory Committee: Drs. Gordon W. Anderson, Robert Blackburn, Hester Beth Bland, Fred J. Holter, Elizabeth A. Neilson, and John H. Shaw. Welcomes were presented by Dr. Carl A. Troester, Jr., Executive Secretary, AAHPER and Miss Laura Mae Brown, President, AAHPER.

The main talks were delivered by Mr. Roy L. Davis, Chief, Community Program Development Section, National Clearinghouse for Smoking and Health, U.S.P.H.S., "Trends - What's New - Future?;" Dr. Ethel P. Trice, University of Arkansas, "Smoking Education in the '70's;" and Dr. Vincent Granell, Project Director, "Leadership Development in Smoking and Health in the '60's." Brief "how-you-do-it" presentations were made by Mrs. Jimmie Goodman, Alabama; Mrs. Sherron Melin, Iowa; Mr. Richard McGuire, Minnesota; and Mr. Clair Trout, Pennsylvania. Anyone wishing a copy of these talks on tape can contact the project office for details. A copy of the

program is available on request, simply contact the project office. A complete listing of state chairmen is available also on request from the project office.

The main portion of the report will be confined to the information given by each state chairman on the types of activities that worked or failed and the future plans, plus how the project can assist in implementing the plans in each state. Each chairman made a comprehensive report on the activities in their respective states sponsored by the project. The activities reported ranged from state, regional and local workshops to small group meetings. Many approaches were reported using various groups such as school nurses; city and county directors; administrators, namely superintendents and principals; health educators; coaches and teachers as catalysts, in an effort to encourage more school health education. Cooperation in programs with PTA, civic clubs, 4-H and voluntary health agencies was described. Some workshops combined the problems of alcohol, smoking, and drugs as problems of youth. A complete report of past and present activities will be compiled for the funding agent.

QUESTIONS FOR SMALL GROUP DISCUSSION

SECTION I

This Section is concise due to the similarity of activities reported by many states. Where repetition does occur, it is done for emphasis and because some aspect of the program was different.

WHAT PROCEDURES WORKED FOR YOU?

1. Simply presenting the facts unemotionally, avoiding extreme fear tactics, allowing students to pre-plan, help present, explore in depth both individually and as groups the total problem (socially, psychologically, physiologically). Allowing people to make their own decisions - not judging those who do or do not smoke.

2. Teaching units developed by smoking and health specialists.

3. Two state specialists promoting and coordinating activities with AAHPER Leadership Smoking and Health Project.

4. School system adopted plan to promote smoking education; considering combining drugs, alcohol, and tobacco via conceptual approach.

5. Helping school districts with procedures for getting colleges and universities to put on workshops and courses in smoking and assisting in identifying contents of the courses.

6. Joint action of the voluntary health agencies: Heart, TB and RD, and Cancer Society; State Department of Education; Interagency Council (State); Public Health Department; youth serving agencies: Boy and Girl Scouts, Little League, Boys Club, Y's, etc.; Civic Clubs; PTA; Medical Society, Dental Society; to bring help to any group or organization who wishes to establish a conference or special project.

7. Small groups of youngsters in informal situations, primarily with almost all questions and answers, using normal lung and X-ray as base. Secondary reactions and requests for help in quitting or teaching programs for parents, teachers and groups.

8. Small group meetings for adults; student discussion groups.

9. Teacher workshop on a local level.

10. Withdrawal clinics; TV coverage.

11. County fair exhibits.

12. Distribution of materials to all schools; speakers bureau.

13. The State Conference and the SMASH (Students March Against Smoking Habit) projects have both been successful.

14. We believe that the youth jamboree reached the largest number of youngsters directly and indirectly, and involved local members.

15. Working directly with teachers; one to one and in small groups; released time for teachers.

16. Excellent response to curriculum guide and related 2-day workshops.

17. Clinics and 1-day conference.

18. Cooperation from several TV and radio stations in putting on programs.

19. Use of certain resource people to conduct experiments and demonstrations related to immediate effects of smoking.

20. The students, administrators, voluntary agencies, and the PTA have shown beautiful cooperation and interest. The State Health Services (old State Board of Health) have been giving wonderful financial and time contributions.

21. The community-wide involvement workshop tried in our county seems to be successful.

WHAT PROCEDURES FAILED TO PRODUCE DESIRABLE RESULTS?

1. Politics within the Interagency Council, not enough participation. Cancer Society and Heart Association dragged their feet, also PTA. We are working on a Constitution that guarantees agency identity.

2. State Department of Health and Education hesitate to sponsor such an unpopular subject.

3. Inadequate curriculum time for various projects in some schools.

4. It was difficult to get teachers and administrators to attend scheduled workshops, yet smoking programs in schools are on individual teacher interest stimulating some smoking unit, and getting information to them is a problem.

5. Any meeting of an organization or institution from the "top down." Any meeting over 50 people.

6. We had breakdown in the acceptance of responsibility by the members of our State Leadership Committee. We plan to re-organize.

7. Large group meetings did not produce the desirable results but were not a complete failure.

8. "One shot" workshops without provision for continued development.

9. PTA Districts as an organizational pattern and as the group most responsible for program.

10. We chose to aim at the teachers and their leadership role with youth. Not at all sure this approach is going to be the best. Maybe we should go to young people themselves.

11. Attendance at teacher seminars was not always as good as expected.

12. Difficulty in airing ETV program at a time when it has good utilization as a teacher in-service program.

13. College seminars which were well received at first are now experiencing some difficulty.

14. Attempts to get an effective interagency council organized in several counties were unsuccessful.

15. Inability to reach several health teachers in the state, they didn't attend conferences or use resource materials provided.

16. Unable to obtain support of several administrators and teachers, especially those who smoked, for the program.

17. Attempts to develop effective in-service education program and to get released time were unsuccessful. Planning a workshop to start at 4:00 p.m. is not wise.

18. Getting well prepared teachers to implement the program.

19. The work and effort put into the regional and the state conferences did not produce results expected. Poor attendance and low level of teacher interest has been evidenced. Somehow the "come in to a meeting" approach is no longer effective. We will seek a new approach.

20. Attempts to conduct a 3-state leadership conference on curriculum development (smoking, drug abuse, family life) have been stalled because of lack of funding sufficient to secure attendance of secondary teachers.

21. Difficulty in involving elementary and secondary school principals' association in smoking education.

22. Difficulty in involving elementary, junior high school, senior high school students in workshops because students are not usually available during summer sessions.

SECTION II

The future plans were concentrated to eliminate repetition where possible. Some of the reported plans have been implemented, others may have been ambitious in the setting of dates. The funds requested ranged from $200 to $2500. Many of the requests made for implementation of developed plans have been initiated by the Project. These recommendations are very helpful in identifying ways and means of promoting more and better smoking and health education.

WHAT PLANS DO YOU HAVE IN YOUR STATE FOR THE FUTURE?

1. (a). Three workshops, 100 plus, elementary teachers at each site. Time: 3-year period.
   (b). Youth conferences - hope to hold same time as 3 workshops. Purpose: to develop youth leadership programs in their schools.
   (c). Develop a support area: (1) resource people, (2) model team of youth and teachers, (3) speakers bureau.

2. (a). Call meeting of constitution and program committee of Interagency Council (May).
   (b). Call meeting of council (June or July); plan year's program and projects.
   (c). Work on organizing smoking withdrawal clinics for university students enrolled in basic health requirement and teacher preparation courses (health education).
   (d). Workshops on drugs, alcohol, tobacco (June and July - 3 weeks). Inviting teachers, nurses, administrators, community personnel, who are interested, also 1 workshop on general health problems (August).
   (e). Model program in 1 school (elementary) or 2 schools (elementary and junior high) of education on drugs, alcohol, tobacco, withdrawal clinics and followup. Select schools with many underprivileged children (2nd semester, 1970-71).
   (f). State AHPER meeting (December, 1970) health programs theme: Expansive Coping Mechanisms. Sessions on drugs, alcohol, and tobacco. Have discussions in small groups following address.

3. (a). State Conference at State Capitol, fall, involving interagency council, drug administration, alcohol administration, HPER Project, teachers, PTA, Cancer, Heart, TB and RD Associations, chairmen and students, speakers, rap sessions, to develop leadership groups throughout the state. Followup reports.
   (b). Second Health Education Workshop - July 13-17.

4. Continue workshops for teachers. Have requests from teachers for additional seminars. Have proposed conference for administrators to give impetus and support to classroom teaching.

5. (a). Will hold numerous regional, county and city conferences in connection with the state-wide drug education, including smoking during school year. Some of these will be content program; some will be to interpret new state guides on critical health problems of youth which will be ready for distribution in September. Will develop additional instructional materials if necessary.
   (b). Probably will hold a second 3-day conference for school administrators.
   (c). Will attempt to organize more local health committees or interagency councils.

6. Possibly a demonstration project in the elementary schools of 2 areas, 1970-71 school year.

7. Preparation of flip charts as supplementary teaching aids for grades 1-6, major cost to be born by Cancer Society. Would like to explore further the idea of student withdrawal clinics.

8. (a). A survey of students to determine from those who do not now smoke:
   (1). Why they never started.
   (2). If they quit, why did they stop.
   This may give clues as to what should be done that is more effective than some other things being done now.
   (b). A followup survey to see what might be done to assist those agencies invited to the state conference.
   (c). Pursue the idea that smoking and drug abuse have much in common and since drug abuse is getting much attention, both should be considered.

9. (a). Expanded state committee meetings, June, 1970.
   (b). State committee meetings planned by most to continue ongoing plans.
   (c). College conference for those in teacher preparation, possibly tri-state.
   (d). Projected meeting for high school teachers, fall, 1970.
   (e). Drive-in conference.
   (f). General smoking and health workshops.
   (g). Possible spot on state-wide coaches association meeting.
   (h). Part of state HPER meeting (health section).

10. Complete 5 remaining regional conferences:
   One of the regions will hold a series of 3 workshops on smoking and health, TB and RD will sponsor these.
   Others will be held in the already designated areas (4).
After these, it is hoped that local school districts will hold meetings in each district in the state.

11. Special project with ethnic groups:
    (a). Start with meeting with boarding students attending urban schools, grades 9-12.
    (b). Survey their smoking habits, develop history of tobacco in rural areas.
    (c). Develop student leadership among the ethnic groups with programs according to their needs.

12. We are now beginning the pilot study of our state curriculum guide for health education.

13. (a). Work with the State AHPER on programs centered on the coach to stop smoking. This hopefully will set an example for the youth.
    (b). Work with the Interagency Council on updating their school guide on smoking and health, grades 4-12.
    (c). Set up programs to help teachers stop smoking.
    (d). Work with teacher preparation schools - training health educators.

14. (a). Regional training seminars for teachers (6), 1970-71. Held at junior colleges.
    (b). High school withdrawal clinics - 1970-71.
    (c). Development of newsletter.
    (d). Greater emphasis on use of various publicity media.
    (e). Continue expansion of Interagency Council.

15. (a). May 2 - Re-attempt to activate state leadership group.
    (b). December, 1970 - Teachers' presentation for State Education Association Convention.
    (c). Develop and send resource materials guide to every elementary school in state (addressed to the 5th and 6th grade teachers).

16. (a). May 2 - meeting of leadership team captains.
    (b). A coordinated plan for action at the pupil/student level should be developed in cooperation with the Department of Public Instruction and other agencies on mood modifiers with smoking as the number one, fundamental, first of the package. The state supervisor's effort is moving in this direction. This will probably call for follow-up meetings. Second meeting with interagency council.
    (c). A mailing and focal point emphasis for distribution to all 4th and 5th or 6th grade teachers will be necessary. They need materials in their rooms to help kids carry the ball.
    (d). Take "cough in" program to the fall convention of the State Education Association, November, 1970.

17. (a). Formation of a state "youth council" as an ad hoc group to assist the state team in working with youth groups.

(b). Following is a brief of an idea in its infancy:

In-service Education for Elementary Classroom Teachers

Staff:	Program coordinator - full time, paid Secretary to the coordinator - paid Resource people - consultants Elementary classroom teachers
Parent Agency:	Department of Public Instruction or Interagency Council Elementary Principals' Association
Approach:	Hold a series of 16-24 four to six hour in-service sessions for elementary classroom teachers throughout the state during the 1970-71 school year. A minimum of one teacher per high school district (45), plus a designated ratio for additional representatives of the larger districts.
Time:	Saturday or late afternoon extending into the evening.
Incentive:	Provide a free meal - use of school lunch facilities and personnel. Flat sum plus mileage.
Follow Through:	Each teacher accepting invitation would be expected to conduct a minimum of one 2-hour in-service meeting for the teachers of his home school within a specific time following the session. A reporting system to follow could be worked out.

18. (a). Seeking a consultant for the state department of education in the field of HPER: to plan a K-12 health education curriculum; to compile resource materials for public school teachers.

(b). The first health education program in the state will be implemented in one public school system in September, 1970. Other programs (fragmented) have been integrated, correlated or opportunistically taught, but never offered as a separate subject.

(c). State committee meeting, September, 1970.

19. (a). State meeting the last of May for 9-10 people to plan for utilization of public school people.
(b). In the fall have 5 drive-in conferences. All to be held before November 15.
(c). We are planning a teacher workshop at a college that hopefully we can fund. This will be in the fall term.
(d). Will try to have a meeting in conjunction with State AHPER in December.

20. (a). An activity with or for the State Coaches Association, plans now pending, no date set.
(b). Local workshops at 2 more state colleges or universities.
(c). Continued activity through the interagency council which has functioned very well this past year.
(d). Attempt to secure more invitations from schools or superintendents to put on pre-school inservice training sessions on smoking and health. Our team in cooperation with Interagency Council will be happy to accept all such invitations.
(e). Possible joint PTA-State AHPER-AAHPER program for schools.
(f). Continued cooperation in total community workshop program of Interagency Council.

21. (a). Session at May meeting of college conference on Professional Preparation in Physical Education and Health Education - people engaged in teacher preparation in elementary and secondary education.
(b). Meeting of expanded state team on June 12 to make plans for a working conference of public school health teachers for fall of 1970. The hope is that this will be a tri-state conference.
(c). Program at the State AHPER meeting, December 5, 1970.

22. (a). Four State AHPER-Interagency Council Smoking Workshops in June and August (3 in June, 1 in August).
(b). State Leadership meeting, winter 1970 or spring 1971.

23. Four committees: curriculum, cessation, conference, office counseling by M.D.'s and dentists. Other activities: legislation and promotions.

24. (a). Area follow-up conferences in those districts which have not yet held conferences: 1 - May 13, 1970; program - smoking and health problems, smoking and dental health; 2 more in fall, 1970.
(b). Develop scope and sequence for curriculum development, May, 1970.
(c). Develop curriculum guide for each grade level, summer, 1970.
(d). Expand Project to rural areas by alerting schools to name of leaders who have now been identified, 1970-71 school year.

25. (a). District meeting in upper state, 13 counties, for leadership development. Probably held in October, 1970.
(b). Sub-committee of Interagency Council on Smoking and Health to plan in May.

26. Smoking and health education as a part of the State Department of Education's recommended K-12 total health education continuum. (Health Education is required at all levels, content is up to the discretion of each school district.)

27. Eight area conferences to be held in the state this fall. Each conference is to bring in people from 10-15 counties for leadership training with the intent that these people will go back and instigate programs with the youth of their area:

Area I	Administrator chairman, no luck first time. Re-grouping.
Area II	Administrator chairman, plans not presently known.
Area III	Health Education Professor, tentative conference planned for August 21-22.
Area IV	School administrator, planning conference for fall, 1970.
Area V	State university professor, area conference, planned for September 19, 1970.
Area VI	PTA leaders, plans not known.
Area VII	University professor, tentative plans for conference, September 26 or October 10, 1970.
Area VIII	State College Athletic Director, plans not known.

28. (a). June 13, 1970 - State Conference combined Leadership Development and open participation. Primarily hosted by State Leadership Team in cooperation with planning committee (representatives from Interagency Council, TB and RD Association, Heart Association, Cancer Society, HMA, Community Service Council, State Department of Education, University, PTA, State Department of Health).
(b). Hop Island "Mini" Conferences on each of 3 other major islands.
(c). Continue activity of the planning committee to extend scope over the entire state.

29. (a). Graduate credit courses through colleges and universities for teachers and hopefully more administrator involvement and elementary level teachers.
(b). Will propose youth conferences with more youth planning involvement to state committee.
(c). More community involvement of hospitals in particular to initiate "No Smoking."
(d). Introduce curriculum guides and ideas from this conference to utilization in school districts. Perhaps send representatives to Centers to observe methods of teaching techniques. Hopefully initiate interest at a college to establish a center in the State.

30. Pilot some small group meetings in 5 locations in the state with a team of 4 or 5 people with students.

31. (a). Contact legislature for tax dollars to support education (probably include with drug fight dollars).
    (b). Teacher certification upgrading.

32. (a). Involve students in planning.
    (b). Guidelines for suggestions for student involvement.
    (c). Stress work with the elementary health methods class, identify and work with this teacher preparation person. Then follow up and see what these people did; on secondary level as well.
    (d). Tie in Student Majors Clubs; tie in Student Section, AAHPER.

WHAT CAN THE PROJECT DO IN THE FUTURE TO ASSIST YOU IN IMPLEMENTING YOUR PROPOSED PLANS IN YOUR STATE? In general these are the things the conference participants suggested in response to the question:

1. Direct Services (for and in):

    (a). planning conferences, institutes, seminars and workshops

    (b). planning and conducting studies

    (c). Organizing withdrawal clinics

    (d). speakers and resource people for conferences, institutes, seminars and workshops

    (e). liaison and coordination with official and voluntary health agencies, departments of education, and PTA

    (f). liaison with teacher training institutions

    (g). developing teaching guides

    (h). developing radio and TV shorts

2. Funding:

    (a). conferences, institutes, retreats, workshops

    (b). meetings of state leadership teams

    (c). travel to visit model programs and multi-media curriculum centers

3. Newsletter (information about):

(a). new programs

(b). new resource material--publications

(c). what's going on in other programs and projects

(d). audiovisual aids, tapes, video tapes

(e). descriptions of successful programs

(f). new teaching guides

(g). innovative successful teaching methods and techniques

(h). model programs

(i). personnel lists--people involved at all levels

(j). available speakers and consultants by state and region

LIST OF CONFERENCE ATTENDEES

Name	State
George Anderson	Washington, D.C.
Gordon W. Anderson	Oregon
Harry App	Washington
S. Eugene Barnes	Louisiana
Willis J. Baughman	Alabama
P. C. Bechtel	Ohio
Loren Bensley, Jr.	Michigan
Robert Blackburn	North Carolina
Hester Beth Bland	Indiana
Mary Lou Brand	Colorado
Laura Mae Brown	Missouri
Bertel Budd	Wyoming
Joseph R. Carr	Pennsylvania
W. L. Carr	South Carolina
Edward F. Chui	Hawaii
Maxine Collier	Indiana
Bert L. Cooper	Nevada
T. R. Dappen	Nebraska
Roy L. Davis	Washington, D.C.
Dudley Draxton	Iowa
Ruth White Fink	North Carolina
Jane Frelick	Delaware
Gere Fulton	New Jersey
Fred Ganas	Florida
Jimmie Goodman	Alabama
Vincent Granell	Washington, D.C.
A. B. Harrison	Oklahoma
Dick Helm	Arizona
Carolyn Hendrick	Illinois
Donald W. Henry	Kansas
James Herauf	Illinois
Paul Hillar	California
Fred J. Holter	West Virginia
Mary Hughes	Washington, D.C.
Kay Hutchcraft	Washington, D.C.
Herbert Jones	Maryland
Margaret Kerr	Tennessee
Joy M. Kirchner	Kentucky
Morty Lebedun	Missouri
Paul Lepley	Maine
Dwaine Marten	Idaho
Richard McGuire	Minnesota
Sherron Melin	Iowa
Edward Mileff	Washington, D.C.
Delmas F. Miller	West Virginia
Mary Kate Miller	Mississippi
Elizabeth A. Neilson	Massachusetts
Emogene Nelson	Wisconsin
Anne Newman	New York
Donald R. O'Brien	Vermont
David F. Pierpont	New Hampshire
Richard A. Prescott	Massachusetts
Orlando Savastano	Rhode Island
Richard Schlaadt	Oregon
Elva Scott	Alaska
John H. Shaw	New York
George F. Shroyer	Montana
Lewis Spears	Texas
James A. Swomley	Connecticut
Margaret Thompson	Virginia
Peter D. Torino	South Dakota
Ethel Preston Trice	Arkansas
Carl A. Troester, Jr.	Washington, D.C.
Clair Trout	Pennsylvania
Herbert Truxton	Arkansas
Merle Vokaty	Minnesota
Ray Watters	Utah